TR	RAVI	EL VO	JCHER O	R SUBV	OUCH	HER	form.		writer	, ink	nt, Penalty Sta , or ball point p arks.					re completing il. If more space
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6. ADDR	ESS. a	. NUMBER	AND STREET		b. CITY				c. ST	ΓΑΤΕ	d. ZIP COD	E	PC		Ot DL	her
7. DAYT	IME TE	LEPHONE	NUMBER &	8. TRAVEL	ORDER N	NUMBER		9. PREVIC	US GO	VERI	NMENT PAYMEN	ITS/		pendent(s) D.O. USE ONL		A
AREA	CODE							9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER								
11. ORG/	ANIZA	TION AND	STATION										b. SUB	VOUCHER NUM	ИBER	
12. DEPE	NDEN	Γ (S) (X and	l complete as a	pplicable)							DRESS ON RECE	IPT OF	1			
AC	COMP	ANIED		UNA	CCOMPA		ORDEI	ORDERS (Include Zip Code) c. PAID BY								
a. NAN	ΛΕ (Las	st, First, M	iddle Initial)	b. RELATIO	ONSHIP	c. DATE OF OR MARI										
								14. HAVE I	HOUSE	HOLE	GOODS BEEN S	SHIPPED?				
								(X on	(X one)				d. COMPUTATIONS			
15. ITINE	RARY			l							, , , ,					
a. DATE			(Home, Office State: Ci	b. PLACE e, Base, Activ ty and Count		and		c. MEANS/ MODE OF TRAVEL	d. REAS FOI STO	ON R	e. LODGING COST	f. POC MILES				
	DEP			<u>, , , , , , , , , , , , , , , , , , , </u>	<i>y,</i> ,			IRAVEL	310)F						
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16. POC		L (X one)	OWN/	OPERATE		PA	SSENGE	R	1	7. DI	JRATION OF TD	Y TRAVEL				
18. REIM	BURS#	ABLE EXPE	NSES								12 HOURS OR I		(5) DLA			
a. DA	ΓΕ		b. NATURE OF EXPENSE			c. AMO	TNUC	d. ALLOW	LOWED			(6) Reimbursable Expenses				
											MORE THAN 12 BUT 24 HOURS		(7) Tota			
											B01 24 1100K3	OK LL33		ount Owed		
											MORE THAN 24	4 HOURS	(10) Amo			
									1	19. G	OVERNMENT/DE	DUCTIBLE	MEALS			l
											a. DATE	b. NO. C	OF MEALS	a. DAT	Έ	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE b. DATE					c. SUPER	VISOR S	SIGN	ATURE					d. DATE			
21.a. API	PROVI	NG OFFICE	R SIGNATURE			•										b. DATE
22. ACC	DUNTII	NG CLASS	IFICATION													
23. COLL	ECTIO	N DATA														
				AVEL ORDER STED BY	?	27. RE	CEIVE	D (Pa	yee Signature an	nd Date or	Check No.))	28. AN	OUNT PAID		

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

If you do not elect one of the options in Item 1, the Paying Office will forward directly to the Government Travel Charge Card contractor the portion of your reimbursement representing travel card charges for transportation, lodging, and rental car. If you check box a., the entire reimbursement payment will be made to you and you will be responsible for paying the Government Travel Charge Card contractor any amount you may owe. If you check box b., fill in the amount of the reimbursement you want the Paying Office to pay directly to the Government Travel Charge Card contractor; the remainder of the reimbursement (if any) will be sent to your EFT account.

REQUIRED ATTACHMENTS

29. REMARKS

- 1. Original and/or copies of all travel orders and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- 3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- 4. Copy of GTR, MTA or ticket used.
- 5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS